## P21000040293

(Requestor's Name)
(Address)
(Address)
· ,
(City/State/Zip/Phone #)
(Only Challet II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AAGRA	W TECHNICA	AL CONSULTING CORP.
DOCUMENT NUMBI	er: <u>P210000</u>	740293	AL CONSULTING CORP.
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
-	AAGRAV TGG	Name of Contact Person  CHNI CAL CON  Firm/ Company  PIAPPE DR  Address  VORTH, FL  City/ State and Zip Code	
- For further information		in a agrav. sed for future annual report	Comnotification)
AYLV	VIN AGRAVIADO	OR at (561	be & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation of

AAGRAV TECHNICAL CONSULTING CORPILED  (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
P21000040293 WIDECET PH 4:20
(Document Number of Corporation (if known) Constitution of State
Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Thenew
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
<del></del>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent AYLWIN AGRAVIADOR
4995 PIAFFE DRIVE (Florida street address)
New Registered Office Address: LAKE WORTH Florida 33467
(Ely) (Me)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Aufwir famila
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add		•	
Remove			/
2) Change	<del></del> -	_ \\	<u> </u>
Add			
Remove Change	<del>-</del>		
Add		\	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
A <b>d</b> d			
Remove			

xuach <i>additional she</i>	ng additional Articles, enter change(s) her ets, if necessary). (Be specific)	<u>*</u> ·	
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f an amendment pr	ovides for an exchange, reclassification, o	r cancellation of issued sh	ares,
provisions for impl	ementing the amendment if not contained	in the amendment itself:	
(if not applicable	e, indicate N/A)		
	(		

· . .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ONE	)
The amendment(s) was/were adopted by the incorporato action was not required.	rs, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	s. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entit	
"The number of votes cast for the amendment(s) w	ras/were sufficient for approval
by	<u>.</u>
(voting group)	<del></del>
selected, by an incorporator – appointed fiduciary by that fid	officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court uciary)  AGRAVIADOR  rinted name of person signing)
(Typed or p	rinted name of person signing)
DIEGE	1012
(Title of per	son signing)

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